

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # J37274</b><br>1. Entity Name<br><b>TECHNOLOGY ASSEMBLERS INC.</b> |  |
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|                                                                                    |                                                                                                |
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| <b>Principal Place of Business</b><br>600 MAGNOLIA OAK CT<br>LONGWOOD, FL 32779 US | <b>Mailing Address</b><br>C/O DAVID C. JOSWICK<br>600 MAGNOLIA OAK COURT<br>LONGWOOD, FL 32779 |
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03182006 No Chg-P CR2E05

|                                                           |
|-----------------------------------------------------------|
| 4. FEI Number<br><b>59-2760873</b>                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |

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1. Applicable  
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| 6. Name and Address of Current Registered Agent<br><br>JOSWICK, DAVID C.<br>600 MAGNOLIA OAK COURT<br>LONGWOOD, FL 32779 |
|--------------------------------------------------------------------------------------------------------------------------|

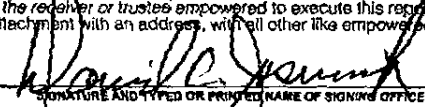
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am<br>the obligations of registered agent. | and accept |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                            | DATE _____ |

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>JOSWICK, DAVID C.<br>600 MAGNOLIA OAK CT.<br>LONGWOOD, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further<br>indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that<br>of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear<br>changed, or on an attachment with an address, with all other like empowered. | Information<br>cer or director<br>or Block 11 if |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                              | 4-2-06 10:25:11                                  |